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PTO/SB/05 (12/97)

Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	COMP:0016	Total Pages	84
	First Named Inventor or Application Identifier			
	Paily T. Varghese			
	Express Mail Label No.	EL 066000037 US		



APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification <b>Total Pages 23</b> (preferred arrangement set forth below) -Descriptive -Cross References to Related Application -Statement Regarding Fed sponsored R & D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure		7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <b>Total Sheets 6 Total Pages 6</b>		<b>ACCOMPANYING APPLICATION PARTS</b>	
4. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		9. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (where there is an assignee)	
		10. <input type="checkbox"/> English Translation Document (if applicable)	
		11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations	
		12. <input type="checkbox"/> Preliminary Amendment	
		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)	
		14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application Statement(s) Status still proper and desired	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		16. <input type="checkbox"/> Other	
17. <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____/_____			

**18. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label	<input checked="" type="checkbox"/> Correspondence address below
(Insert Customer No. or Attach bar code label here)	

NAME	Patrick S. Yoder		
	Fletcher, Yoder & Edwards		
ADDRESS	P.O. Box 692289		
CITY	Houston	STATE	Texas
COUNTRY	USA	TELEPHONE	(281) 970-4545
		ZIP CODE	77269-2289
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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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**FEE TRANSMITTAL****Complete if Known**

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Paily T. Varghese
Group Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	COMP:0016

TOTAL AMOUNT OF PAYMENT (\$)**852.00****METHOD OF PAYMENT (check one)**

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **06-1315/COMP:0016 (YOD)**Deposit Account Name **Fletcher, Yoder & Edwards**

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.31(b)

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

**FEE CALCULATION (fees effective 10/01/97)****1. FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	790	201	395	Utility filing fee	<u>790.00</u>
106	330	206	165	Design filing fee	_____
107	540	207	270	Plant filing fee	_____
108	790	208	395	Reissue filing fee	_____
114	150	214	75	Provisional filing fee	_____
<b>SUBTOTAL (1)</b>					<b>(\$)<u>790.00</u></b>

**2. CLAIMS**

	Extra	Fee from below		Fee Paid
Total Claims <u>21</u> - 20 =	<u>1</u>	X <u>22.00</u>	=	<u>22.00</u>
Independent <u>3</u> - 3 =	<u>0</u>	X <u>0</u>	=	<u>0</u>
Claims				
Multiple Dependent Claims	_____	X _____	=	_____

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	22	203	11	Claims in excess of 20	_____
102	82	202	41	Independent claims in excess of 3	_____
104	270	204	135	Multiple dependent claim	_____
109	82	209	41	Reissue independent claims over original patent	_____
110	22	210	11	Reissue claims in excess of 20 and over original patent	_____
<b>SUBTOTAL (2)</b>					<b>(\$)<u>22.00</u></b>


**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	_____
127	50	227	25	Surcharge - late provisional filing or cover sheet.	_____
139	130	139	130	Non-English specification	_____
147	2,520	147	2,520	For filing a request for reexamination	_____
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	_____
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	_____
115	110	215	55	Extension for response within first month	_____
116	400	216	200	Extension for response within second month	_____
117	950	217	475	Extension for response within third month	_____
118	1,570	218	755	Extension for response within fourth month	_____
119	310	219	155	Notice of Appeal	_____
120	310	220	155	Filing a brief in support of an appeal	_____
121	270	221	135	Request for oral hearing	_____
138	1,510	138	1,510	Petition to institute a public use proceeding	_____
140	110	240	55	Petition to revive unavoidably abandoned application	_____
141	1,320	241	660	Petition to revive unintentionally abandoned application	_____
142	1,320	242	660	Utility issue fee (or reissue)	_____
143	450	243	225	Design issue fee	_____
144	670	244	335	Plant issue fee	_____
122	130	122	130	Petitions to the Commissioner	_____
123	50	123	50	Petitions related to provisional applications	_____
126	240	126	240	Submission of Information Disclosure Stmt	_____
581	40	581	40	Recording each patent assignment per property (times number of properties)	<u>40.00</u>
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))	_____
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))	_____
Other fee (specify) _____					_____
Other fee (specify) _____					_____
<b>SUBTOTAL (3)</b>					<b>(\$)<u>40.00</u></b>

\* Reduced by Basic Filing Fee Paid

**SUBMITTED BY**

Complete (if applicable)

Typed or Printed Name	Michael G. Fletcher	Reg. Number	32,777
Signature		Date	July 31, 1998
		Deposit Acct. User ID	06-1315/COMP:0016/YOD